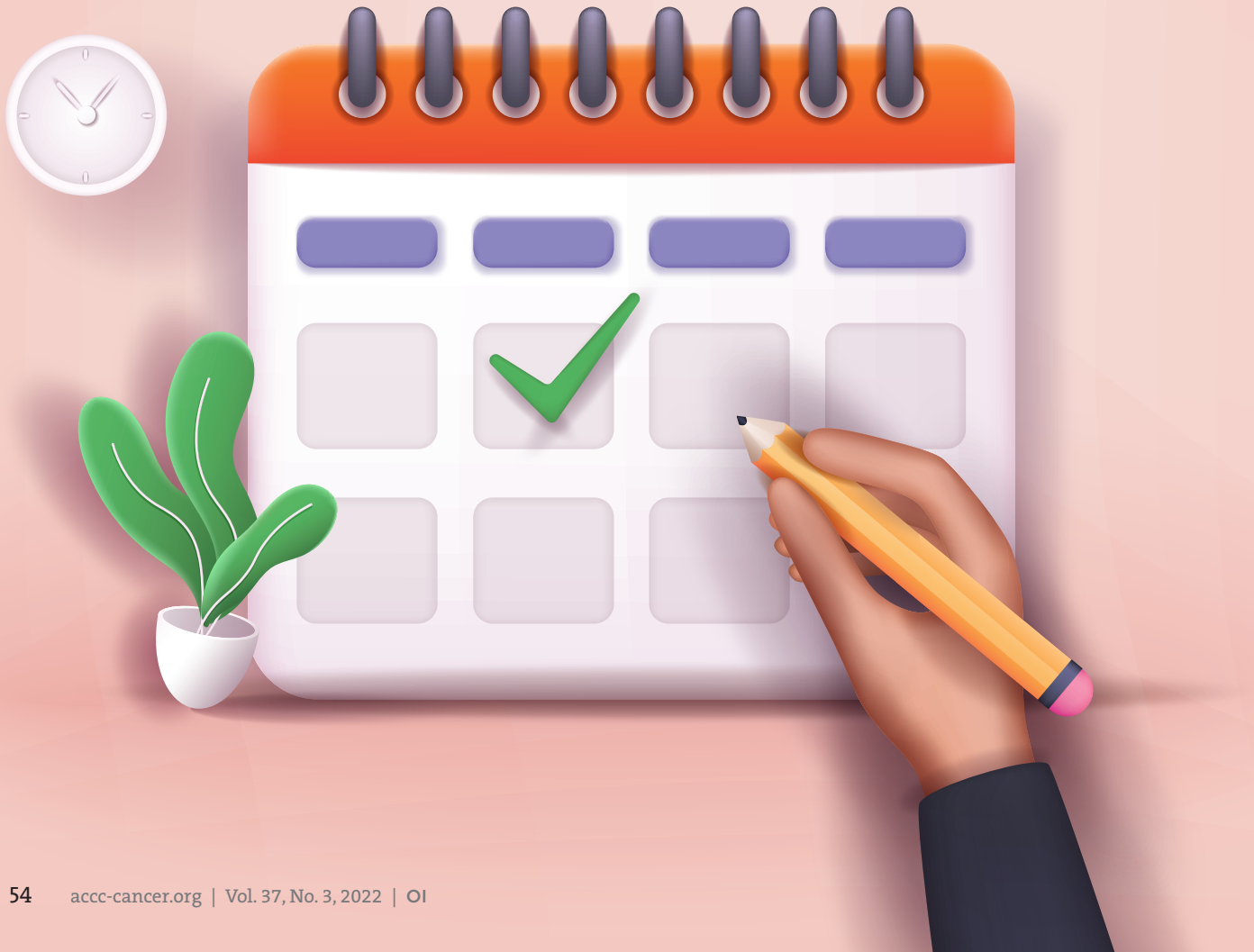
Time to Get Screened!



BY AMANDA PATTON, MA

A snapshot of COVID-19's effect on cancer screening in the United States

Early in the first COVID-19 surge of 2020, National Cancer Institute (NCI) Director Ned Sharpless warned that that the pandemic could, over time, have substantial consequences for cancer outcomes. The NCI's initial modeling suggested that delayed or missed screening and treatment for breast and colorectal cancers could, over the next decade, account for an approximately 1 percent increase in deaths (i.e., an additional 10,000 deaths) from these two cancers.[1]

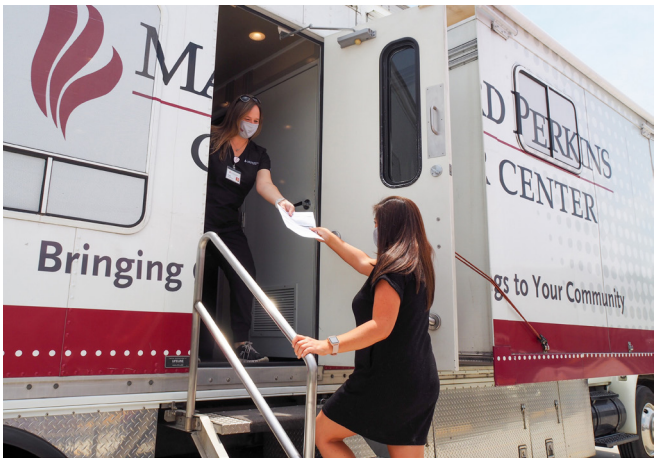
A year and a half later, as the United States healthcare system continued to grapple with COVID-19 spikes and pandemic fallout, keynote speaker Debra A. Patt, MD, PhD, MBA, FASCO, presented her perspective on the road to recovery at the Association of Community Cancer Center's (ACCC) 38th [Virtual] National Oncology Conference in November 2021. Dr. Patt is lead author of a 2020 study examining the impact of the COVID-19 pandemic on cancer screening rates and evaluation and management services among older adults in the United States.[2] At the time of the study's publication (November 2020), the authors noted that disruption in screenings had continued for a minimum of six months, and most screening rates remained "diminished." In her ACCC conference remarks, Dr. Patt stressed the critical need for continued focus on cancer screenings and outreach education as the oncology care community strives to bring screening rates back to pre-pandemic levels.

For an on-the-ground perspective of how cancer programs' screening and outreach education programs were recovering from pandemic pressures, *Oncology Issues* spoke with four cancer programs around the country.

For 20 years, Mary Bird Perkins has provided education, prevention, and early detection programs to people in their home communities. In addition to a robust schedule of community events, the program features two year-round mobile medical clinics that offer free screenings for five different cancer types.

A Louisiana Perspective

During the past two years, Louisiana weathered four significant COVID-19 spikes. In July 2021 Louisiana had one of the worst COVID-19 infection rates in the country, pushing the state's healthcare resources to the limit.[3] Then, in August 2021, Hurricane Ida hit southeastern Louisiana hard, with some of the storm's worst devastation affecting Terrebonne, Orleans, Jefferson, and St. John Parishes—while areas adjacent to Baton Rouge also suffered extreme damage. *Oncology Issues* spoke with Renea Duffin, MPA, vice president, Cancer Support and Outreach, Mary Bird Perkins Cancer Center, Baton Rouge, La., and here's what she shared.



Mary Bird Perkins mobile medical clinics bring free cancer screening into the communities it serves.

Duffin provided an update on "Prevention on the Go," the organization's award-winning screening initiative designed to reach medically underserved communities in the region. The long-standing program brings education on cancer prevention and screening services to Louisiana communities—a critical service in a state with the seventh highest rate of cancer mortality in the in the U.S.[4] In 2016, ACCC recognized the program with an ACCC Innovator Award.

Mary Bird Perkins Cancer Center collaborates with various healthcare partners to deliver comprehensive, quality cancer care. For 20 years, Mary Bird Perkins has provided education, prevention, and early detection programs to people in their home communities. In addition to a robust schedule of community events, the program features two year-round mobile medical clinics that offer free screenings for five different cancer types. A third mobile unit is scheduled for delivery in summer 2022 to serve the program's increasingly expansive service area. When an abnormal finding is identified, each patient receives follow-up from a patient navigator who helps eliminate barriers along the care path.

In 2016, through an employer grant, Mary Bird Perkins Cancer Center was able to expand the reach of its cancer prevention education to bring the mobile screening units to workplaces through its "Prevention on the Go" program. In addition, the community component of this initiative received a three-year grant from the Blue Cross and Blue Shield of Louisiana Foundation in 2020 to provide community screening and education to 12 parishes in rural northeast Louisiana.

All of these accomplishments are achieved with a relatively small staff that includes a director, nurse navigator, two outreach coordinators, two regional managers, and one workplace program coordinator.

Duffin counts among the key features of the early detection program that currently serves 30 Louisiana parishes and four southwest Mississippi counties:

- A community-based, 12-month delivery model
- Patient navigation that streamlines the process for patients and ensures follow-up of abnormal findings
- The use of national tools that monitor health outcomes by ZIP code
- Partnerships that minimize duplication and maximize smooth transitions along the care continuum.

Impact of COVID-19 on the Early Detection Program

In mid-March 2020, Mary Bird Perkins Cancer Center—like other health facilities caring for patients with cancer—swiftly adapted to COVID-19 public health emergency restrictions and requirements. As a consequence, the outreach and screening program was paused, the mobile medical units were closed, and community events were cancelled. During this period, when program staff could not travel out into the community, they regrouped, planning how best to adapt their services so that both providers and patients would be as safe as possible when screening could resume.

By July 2020, the mobile screening program was back in business—but on a more limited scale. COVID-19 safety precautions included limiting the screenings to breast, colorectal, prostate, and skin cancers. Oral cancer screenings were halted as a safety precaution. The program transitioned from a first-come, first-served basis to appointments only. When scheduling an appointment, staff would help participants complete the necessary paperwork electronically. Using a wait-list app, patients would stay in their cars until the app notified them to come to the mobile clinic unit for their appointment. No more than three individuals were permitted on the unit at one time: the patient, a nurse practitioner, and a patient navigator. The mobile medical units were equipped with air purifiers and personal protective equipment for staff, and everyone was required to be masked. To allow for thorough cleaning between each patient screening, more time was allotted between participant appointments. As a result, fewer patients were screened per day.

Screening Rates Drop

In 2020, Mary Bird Perkins Cancer Center saw an overall 30 percent decline in screening events and a 47 percent decline in screening participation compared to the previous year. The cancer center conducted 6,710 cancer screenings in 2019, a number that dropped to 3,585 in 2020. Today, screening numbers are beginning to recover. As of October 2021, year-to-date cancer screenings at Mary Bird Perkins totaled 3,786, Duffin said.

Looking at breast cancer screenings, in 2019 "Prevention on the Go" performed 2,322 breast cancer screenings and diagnosed 68 new cases of breast cancer. In 2020, the outreach and screening program screened 1,321 patients. As of October 2021, breast cancer screenings had climbed to 1,359. "The numbers are slowly beginning to tick back up," Duffin said.

"Now, the interesting thing is that our number of cancer diagnoses did not diminish even though the number of participants diminished," Duffin said. "In 2019, we diagnosed 68 [breast] cancers. In 2020, even though we only screened 3,585 [individuals], we diagnosed 42 cancers. Thus far in 2021 [October], we've

already diagnosed 31 cancers, with a number of other screening participants with abnormal findings still in follow-up."

Engaging the Community

Duffin praised the work of the cancer center's marketing and communications team for "doing an outstanding job of helping us promote our screening events…through social media, digital billboards, print ads, radio spots, and even television. We just finished a number of our large-scale Live Well events within the last 6 to 8 weeks [in September and October]—Live Well Ascension, Live Well North Shore, and Live Well Bayou," Duffin said. "We did billboards for those as well as early morning news shows to make people aware. That really gets the message out to people."

"On November 6, 2021, we held our Live Well Bayou event in Houma," Duffin continued, "which was hard hit by Hurricane Ida." Duffin explains that the hurricane and its aftermath resulted in cancellation of several screening events for that area as "people were focused on trying to rebuild their lives." But by getting the word out about the rescheduled screening event, Duffin says her team did 193 screenings on that one day alone.

Mary Bird Perkins uses communication strategies to cast a wide net for its screening events. "A multi-channel approach is your best option when it comes to trying to reach as many people as possible," said Scott Miller, communications director at Mary Bird Perkins Cancer Center. "We are targeting the underserved, but we also know there are people who have insurance who are not getting screened because of different barriers. So while we work to target communications as much as possible, we often take a mass media approach. We use all of the channels at our disposal for messaging."

At the same time, Duffin emphasizes that relationship building and commitment over time are integral to community engagement and establishing trust. "Because we have been doing this for so long, people know who we are," said Duffin. "They recognize us and trust us to do it [cancer screening] for them. We have so many of our participants that come year over year. And some members of our team have been doing this for so long, participants look for them. They know them by name when they call to schedule their appointment."

Grassroots and word-of-mouth outreach is invaluable, Duffin says: "Once you become a trusted provider and you have reached influencers within the local communities, people are going to come to you. And the fact that we go out to them is even more meaningful. They don't have to come to a brick-and-mortar facility for screening. We go into their communities and provide the service to them."

In 2021, Mary Bird Perkins hit a milestone with more than 100,000 free cancer screenings provided, thanks to generous community support.

In the final months of 2021, the pandemic took another turn with the dawn of the omicron variant. Much more transmissible than the once-dominant delta variant, omicron swept through communities, packing hospitals worldwide. Even then, Mary Bird Perkins' early detection program for the medically underserved continued to navigate the rocky terrain of the evolving pandemic to bring early detection services to as many vulnerable people as possible.

Perspective from Kentucky

Next, *Oncology Issues* checked in with ACCC Cancer Program Member St. Elizabeth Healthcare in Kentucky.

Michael Gieske, MD

Lung cancer is the leading cause of cancer deaths in the United States, accounting for nearly one-quarter (23 percent) of cancer deaths in 2019.[5] For those at high risk for lung cancer, screening with low-dose computed tomography (LDCT) is a chance to detect disease at an early stage, when there are the most options for treatment and a potential for cure. Since 2013 the United States Preventive Services Task Force has recommended LDCT screening for lung cancer for specific at-risk patient populations. Despite this, national lung cancer screening rates are suboptimal. One recent study looking at data from 2016 to 2018 estimated that during that period fewer than 1 in 20 adults eligible for LDCT lung cancer screening received it.[6]

But there are outliers. Take Kentucky, for example. The Bluegrass State has achieved the second highest screening rate in the nation between 2019 and 2020—17.7 percent of Kentucky's eligible patient population received LDCT lung cancer screening.[7] This accomplishment is the result of a state-wide focus on lessening Kentucky's disproportionate burden of lung cancer. The state has the highest incidence rate of lung cancer in the United States at 89 per 100,000 people[8] and the highest age-adjusted lung cancer death rate.[9] In 2018, about 23 percent of Kentucky adults (aged 18 and older) reported being individuals that smoke, compared to a national rate of 14 percent.[10]

Michael Gieske, MD, director of Lung Cancer Screening for St. Elizabeth Healthcare, is passionate about improving lung cancer screening and outcomes. A primary care physician and Kentucky native, Dr. Gieske leads a nationally recognized program, which received designation from the GO_2 Foundation in 2020 as a Care Continuum Center of Excellence.

Over the past eight years, St. Elizabeth's Lung Cancer Screening Program has played an integral role in improving lung cancer screening rates in the state of Kentucky, Dr. Gieske said. "We've worked with the University of Kentucky through the KY LEADS Collaborative, a state-based research project aimed at improving the quality of lung cancer screening in Kentucky, and we work closely with the Kentucky Health Collaborative." The latter comprises 10 hospital systems that encompass more than 70 hospitals and imaging centers. "Through that work we've helped to increase adherence with lung cancer screening. We're looking very specifically at improving screening rates across our state right now."

St. Elizabeth Healthcare's stated mission is to improve the health of the communities it serves. In partnership with St. Eliz-

abeth Physicians, a multispecialty physician group organization of 451 physicians, 244 advanced practice providers, and 1,500 non-provider associates, the health system delivers care to more than 380,000 patients in Kentucky, Indiana, and Ohio. The integrated network operates 6 hospitals and 169 St. Elizabeth physician specialty and primary care clinics. Lung cancer screening is offered in eight locations: Covington, Edgewood, Florence, Fort Thomas, Grant County, Herbron, and Owenton, Ky.; and Dearborn, Ind. The St. Elizabeth Healthcare Lung Cancer Screening Program participates in the White Ribbon Project, which seeks to raise awareness and to destigmatize lung cancer.

Dramatic V-Shaped Recovery

Oncology Issues asked Dr. Gieske to share his perspective on how the shifting circumstances of the COVID-19 pandemic may have affected the progress achieved through this highly successful, comprehensive cancer screening program.

In March 2020, St. Elizabeth's lung cancer screening program—like others around the country—saw a significant impact from the pandemic's initial surge. "At that time the program was providing about 350 to 400 LDCT screenings for lung cancer per month," Dr. Gieske said. With the restrictions mandated by the national public health emergency, LDCT screening dropped precipitously—13 LDCT lung cancer screens were performed in April 2020. The program rebounded quickly, however. "Once things started to return to some semblance of normalcy, we had a pretty dramatic V-shaped recovery," said Dr. Gieske. "We ended up finishing the year down just 5.8 percent in 2020 compared to what we had done in 2019. Looking at total volume of screens, we finished just shy of 4,000 screens for the year [in 2020]."

Despite the relentless uncertainty of the COVID-19 pandemic during 2021, St. Elizabeth Healthcare has seen a "significant resurgence" in cancer screening rates, Dr. Gieske said. He credits St. Elizabeth's capacity to rebound successfully to multiple factors. "We really have gone after a lot of our outstanding orders," Dr. Gieske explained, "and we've tried to impress on our patients in the community and our providers that we are returning to normal screening." With cancer screenings a system-wide priority, St. Elizabeth continues to urge patients to come in for their screening appointments. "We have a very robust program, and we're averaging 500 screens per month now," he said. The lung cancer screening program completed its 20,000th lung cancer screen at the end of November 2021.

Outreach with Multiple Touchpoints

"Taking advantage of multiple touchpoints is key," Dr. Gieske said. As was the case for the outreach and screening program at Mary Bird Perkins Cancer Center in Louisiana, the marketing team at St. Elizabeth was instrumental in spreading the word about is lung cancer screenings. This included promoting cancer screening on the health system's website, communicating to patients about the COVID-19 safety precautions in place, and reaching out to the St. Elizabeth provider network. "We have a leadership meeting every month where all the managers and directors get together," explained Dr. Gieske. "Once you get the word out to that team, they get the word to their providers and medical assistants as well. And there is also a lot of communication with our providers through either primary care leadership or through all-provider meetings."

Dr. Gieske is an advocate for engaging and involving primary care physicians from the start to develop a successful lung cancer screening program. "I'm a huge proponent of primary care input and influence, involving primary care in the process, and identifying a primary care champion for the program," he said. At the start of the lung screening process, Dr. Gieske supports a "fairly decentralized" approach, so that any provider (primary care, advanced practice provider, pulmonologist, or specialty care provider) can order the screening test. But once that test is ordered, the process transitions to a more centralized, programmatic path for managing scans and incidental findings.

A key component of this comprehensive multidisciplinary approach is nurse navigation. "We've had navigation in place at St. Elizabeth for four years," said Dr. Gieske. "If a patient presents with a lung cancer screen with a lung-RADS category 4 [i.e., highly suspicious], they are presented to our nodule review board, which meets every Monday morning at 7:00 am. If the radiologist sees something suspicious on either an incidental or a symptomatic scan, the scan is tagged [in the electronic health record with] code 'lung management,' and the patient's scan is included for nodule review on Monday morning."

An early challenge was getting buy-in and gaining the confidence of the primary care community and specialty providers. "That was a little bit of a culture change," Gieske acknowledged. "We encourage our providers, once that test has been ordered, to let the nodule review board, the panel of experts, and the nurse navigators take the reins on the care and the direction of that patient. At this point, we have gained the confidence and buy-in of our providers. We encourage them to take their hands off the wheel and allow a programmatic approach for these patients; especially patients with scans categorized as lung-RADS 4 or a significant nodule detected through the incidental or symptomatic pathway."

By the Numbers

At St. Elizabeth Healthcare, screening rates for breast cancer have not yet returned to pre-pandemic levels, Gieske noted. In contrast, screening rates for colon cancer have continued to improve year over year from 2018 through 2021 (see Table 1, right).

Among the factors that may account for the slower return to pre-pandemic breast cancer screening rates are patients' fear of coming into health facilities during the pandemic. One side effect of a patient's immune system response to the COVID-19 vaccination may be temporary swelling of the lymph nodes under the arm that received the shot. For that reason, the Society for Breast Imaging issued screening mammograph recommendations for women receiving the COVID-19 vaccine, which recommends that patients try to schedule their routine screening mammograms either before the first vaccination shot or four to six weeks after their last shot.[11] This, too, may account for some delays in routine breast screenings.

Remarkably, St. Elizabeth Healthcare has achieved a steady increase in colon cancer screening rates over the past four years.

Table 1. St. Elizabeth Health Care Screening: 2018-2021

Percentage of Eligible St. Elizabeth Patient Population Screened*			
Year	**Lung**	**Breast**	**Colon**
2018	N/A	68	63
2019	36	77.6	73
2020	29.3	72.4	74.2
2021 year-to-date October	33.5	63.4	71.8
2021 Est.	40.4	67.3	74.4
National[1,2,3]	6.51	66.7	68.8

*The "eligible St. Elizabeth patient population" is specific to patients in the St. Elizabeth Healthcare system who are attributed to primary care physicians in St. Elizabeth Healthcare who meet the 2015 Centers for Medicare & Medicaid Services criteria as determined in the electronic health record.

1. Fedewa SA. Chest. Aug. 3, 2021. doi:10:1016/j.chest.2021.07.030
2. CDC Health, United States, 2019;Table 33.
3. cdc.gov/cancer/colorectal/statistics/index.htm

"In 2018, we were at 63 percent [of the eligible St. Elizabeth patient population screened]," said Dr. Gieske. "In 2019, we increased to 73 percent, and in 2020, we increased that to 74.2 percent—despite the pandemic." Improving colon cancer screening is a system-wide priority for St. Elizabeth Healthcare. The successful increase in colon cancer screening may be attributable, in part, to the health system-wide uptake of non-invasive Cologuard tests and fecal immunochemical tests that do not require individuals to come into a facility for screening, Dr. Gieske said.

The team-based approach implemented for the lung cancer screening program is now being adapted to mammography and colorectal cancer screening, along with a centralized process for outreach data collection. Under the umbrella of the health system's value-based performance team, in August 2021, St. Elizabeth's established an eight-person full-time team of nurse outreach specialists. By the conclusion of 2021, through this outreach, order completions total included 2,554 mammograms, 1,759 LDCT lung cancer screens, and 1,815 Cologuards, Dr. Gieske said. Each outreach effort is documented in the patient's electronic health record. For example, a nurse may make note that an appointment is scheduled, the patient refused screening, the nurse left a message, etc.

Data on outreach results will be used to guide future screening approaches. "It's a very orchestrated approach, and it's going to be integral to making sure patients don't fall between the cracks," Dr. Gieske said. "If you schedule a patient with an appointment and you get them plugged into the system, it's much more likely they'll come in for screening than if you hand them a phone number and say, 'Call this number and schedule your appointment for a lung cancer screen.'"

A Delaware Perspective

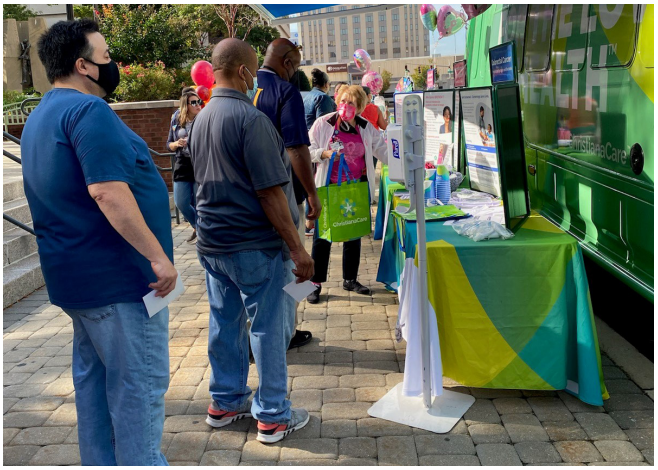
At the end of 2021 Delaware—and many other states—saw its COVID-19-positive cases on the rise precipitously with the influx of the omicron variant. Like many hospitals nationwide, ChristianaCare in Wilmington, Del., began to experience "extraordinarily high" patient volumes and announced, "temporary postponement of some non-urgent surgeries and procedures."[12]

When the state's annual cancer report was released in October 2021, Secretary of the Delaware Department of Health and Social Services Molly Magarik stressed not only the importance of early screening and prevention but also her concern over the pandemic's impact. "The data show us clearly that early screening and prevention are critical for bringing down cancer mortality rates," said Magarik in a statement. "Unfortunately, the COVID-19 pandemic has caused many people to delay cancer screenings and other preventive chronic disease care, and economically disadvantaged communities are typically impacted the most."[13]

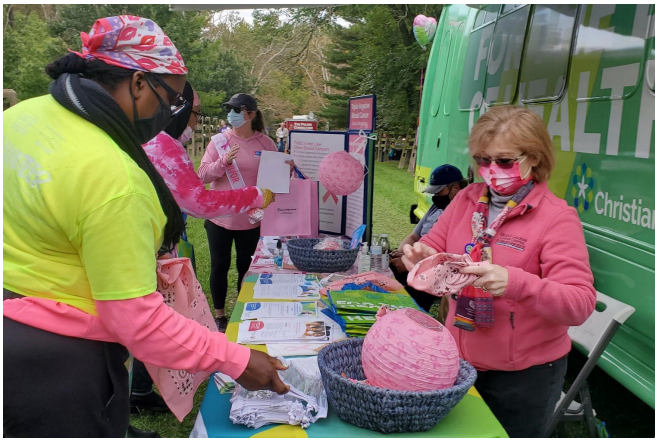
The 2021 *Cancer Incidence and Mortality in Delaware, 2013-2017* report, produced by the state's Division of Public Health, found that Delaware had the nation's 15th highest cancer mortality rate in all cancer sites combined, unchanged from the state's 2020 report.[13] Despite this, Delaware is achieving progress in curbing cancer incidence and mortality rates. Comparing the periods 2003 to 2007 and 2013 to 2017, all-site cancer incidence rates decreased for most of the state's demographic groups. Non-Hispanic Caucasian males, non-Hispanic African American males, and Hispanic males saw incidence declines of 12 percent, 22 percent, and 12 percent, respectively. Among female state residents, Hispanic women saw a 9 percent incidence rate decrease, and non-Hispanic Caucasian females and non-Hispanic African Americans saw increases of 3 percent and less than 1 percent, respectively. During the same period, there was a 26 percent decline in the all-site cancer mortality rate among non-Hispanic African American men and a 16 percent decline among non-Hispanic Caucasian men. Female all-state cancer mortality rates decreased 12 percent among non-Hispanic African Americans, 15 percent among non-Hispanic Caucasians, and 12 percent among Hispanic females.

Acting Locally

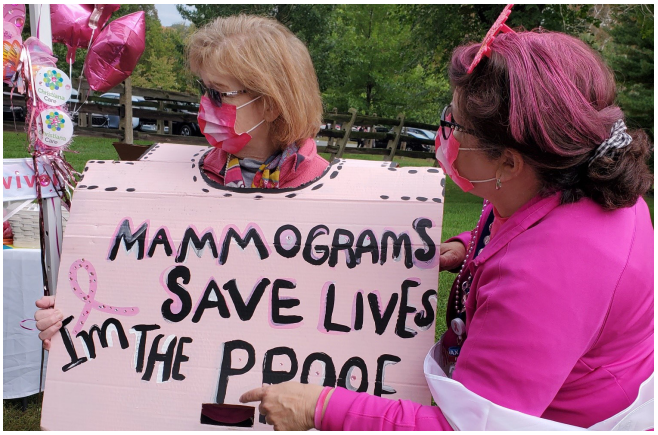
The Delaware Cancer Consortium, created by the state's legislature in 2001, unites health, civic, government, and community-based stakeholders in statewide action to reduce the burden of cancer. The consortium focuses on overcoming barriers to cancer screenings, delivering affordable cancer treatment, and educating people about health risks and harmful behaviors to reduce cancer risk. An overarching consortium goal is to "aggressively promote screenings" for five cancers: breast, cervical, colon, prostate, and lung.[14] Underpinning this goal is the aim to reduce the number of cancers diagnosed at a late stage. The Delaware Screening for Life program is integral to the consortium's mission. The program,



Nora Katurakes, RN, Outreach Manager, talks to City of Wilmington employees about the importance of cancer screenings.



Helen F. Graham Cancer Center Community Health Outreach team handing out educational materials at an American Cancer Society breast cancer awareness event.



Charlene Marinelli, RN, Outreach Nurse and cancer survivor, with Luisa Ortiz-Marquez, Outreach Manager and cancer survivor, provide information on the importance of mammograms at the American Cancer Society's Making Strides for Breast Cancer event.

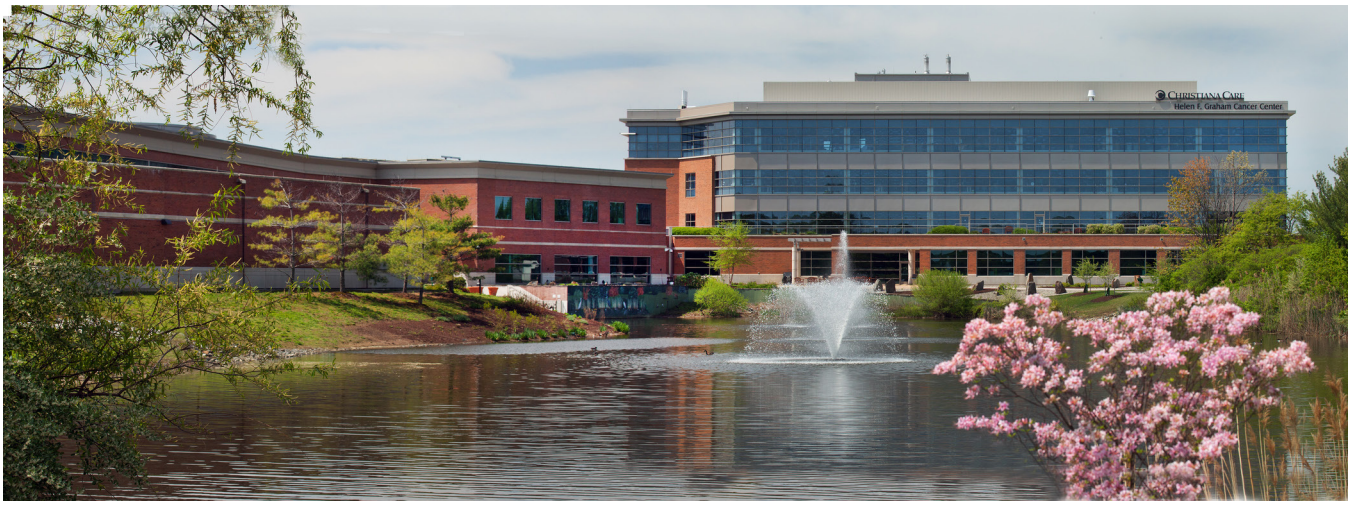
a cooperative effort of the Delaware Division of Public Health and the U.S. Centers for Disease Control and Prevention, provides free cancer screenings to eligible state residents. Nora Katurakes, RN, MSN, OCN, manager of Community Health Outreach and Education at the Helen F. Graham Cancer Center & Research Institute, has served on the consortium's Early Detection & Prevention Committee since its foundation.

With COVID-19 public health emergency restrictions and multiple studies revealing the unequal burden of the pandemic on the nation's most underserved and vulnerable populations, it is no surprise that COVID-19 had a significant impact on the Delaware Screening for Life program's screening rates from 2020 to 2021. "During that time period, we saw a 68 percent decrease in the number of cervical cancer screenings performed in [comparison to] the same time frame in 2020," said Nicholas J. Petrelli, MD, FACS, the Bank of America endowed medical director at the Helen F. Graham Cancer Center & Research Institute at ChristianaCare Health System. "From March 2020 to February 2021, colorectal cancer screenings decreased 73 percent and breast cancer screening dropped 58 percent. Now we're catching up with those [screenings], and that's pushing up the volume."

Turning Screening Rates Around

The Community Health Outreach and Education team at the Helen F. Graham Cancer Center & Research Institute at ChristianaCare is going all out to encourage return to cancer screenings and to dismantle barriers to care access. Community connections and engagement are at the core of the health system's commitment to improve cancer early detection and outcomes. Founded in 1998, the program is staffed today by eight full-time nurse navigators/educators who work closely with community-based stakeholders, including an active group of volunteer *promotoras* (lay community health workers in Spanish-speaking communities). Because relationships with diverse communities have strengthened and expanded over the years, the cancer center and health system are known and trusted providers. Bringing culturally appropriate health information and education into the underserved communities where people live and work is key to this thriving, innovative team. During the past months, however, the pandemic has shuttered most of the program's highly successful in-community events.

"But we didn't just stop," Katurakes said. "We needed to keep moving, and so we went back to some programs that we already had in place. We had to adapt." Pivoting in response to the communities' needs, the Outreach and Education team has taken cues from the communities it serves on how best to disseminate the information that the community is seeking. One example is the Health Outreach and Education Spanish-language Facebook page, which has more than 300 followers. With support from ChristianaCare's marketing and communications staff, the outreach and education team posts and responds to the concerns and questions of community members. During the pandemic's surges, many questions are understandably centered on COVID-19 and related health concerns. "If someone in the community needs information, they will message us," said Katurakes. "They may ask, 'How do I get my [access to] the Screening for Life



Helen F. Graham Cancer Center & Research Institute

back?' or 'How do I get my insurance [coverage] back?'" The outreach and education staff are a known source of reliable, accurate information for the community. To connect with as many individuals as possible, the team reaches out to specific communities. For example, to serve the Asian community, the outreach navigator connects with people via the WeChat social platform, which has more than 500 participants, Katurakes said.

But growing these relationships takes time, Katurakes cautions. "You have to build trust over years, not just in a week. These were relationships [developed] before COVID, and now they are continuing. We've elevated them and—during COVID—we've been communicating about vaccines, back-to-screening, and re-enrolling in the Marketplace."

Keeping Momentum Going

Over the past 15 years, Delaware achieved remarkable success in reducing the state's colorectal cancer incidence and mortality rates. Comparing the periods 2001-2005 to 2011-2015, the state saw a 30 percent decrease in the colorectal cancer incidence rate (greater than the 22 percent drop nationally).[15] Importantly, Delaware has also been closing the disparity gap in colorectal cancer mortality rates. Comparing the years 2003 to 2017 to 2013 to 2017, data show a 37 percent decrease in colorectal cancer mortality rates among non-Hispanic African American males, compared to 20 percent among non-Hispanic Caucasian males.[16] Further, in 2016, Delaware had the 12th highest colorectal cancer screening rate in the United States.[15]

Preventing the pandemic from upending this progress is top of mind for ChristianaCare and the Delaware Cancer Consortium. To keep the momentum going, ChristianaCare executed a long-planned colorectal cancer awareness campaign from July through December 2020. As part of this outreach, the health system debuted a new online colorectal cancer risk assessment tool, which was widely promoted via social media. The free tool generates an individual report that indicates low, medium, or high risk for colorectal cancer and encourages consumers to share their results with their primary care provider. Those identified at high risk can ask for follow-up from the cancer center's outreach oncology nurse navigator. Also included are ChristianaCare and community resources for quitting tobacco use, finding a provider, and information on how to contact the nurse navigator.

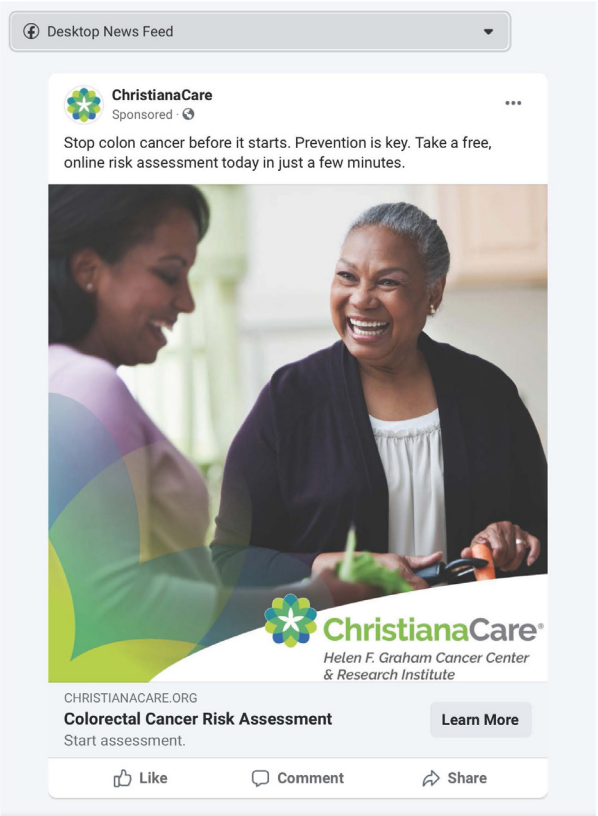
ChristianaCare's campaign and navigator outreach resulted in 422 completed assessments, of those, 333 individuals were identified as at risk, of whom, 97 agreed to be contacted by a nurse navigator for follow-up. The campaign was repeated in March 2021 for Colorectal Cancer Awareness Month. Christiana employees were included in screening outreach through the Caregiver Connect mobile application.

Describing the Delaware cancer screening experience in "The Cancer Letter" on Feb. 5, 2021, Dr. Petrelli, Nora Katurakes, and colleagues wrote: "As a result of COVID-19, we found individuals sometimes felt the need to reschedule or change their choice of screening option. The key," they said, "is to have a reliable contact to help navigate through these COVID times and not stop screening."[17]

Business, Not as Usual

Katurakes explains that as the outreach and education staff move forward in the still shifting context of COVID-19, they've been able to re-start a few community events, conduct virtual programs, and once again engage *promotoras* in educational activities. Among the established programs the Outreach and Education team conducted in fall 2021:

- "The Story of Brenda," an education program focused on triple-negative breast cancer and health equity.
- Two community breast screening events, including one that brought 25 local senior center participants to the cancer center for mammograms.



ChristianaCare's Facebook campaign helped connect people to a new online risk assessment.

- A "pop-up" oral screening event. Katurakes explained: "We had postponed our mouth and throat cancer screening last year because of COVID. So we decided to do what I'm calling a 'pop-up event.' For this, we worked with our transitional housing shelters in the city of Wilmington and with our Department of Maxillofacial Surgery and Hospital Dentistry."

Katurakes said her team went to the shelter for transitional housing, where they screened nine women. Most are smokers, and two of them needed follow-up. "It doesn't matter how many you reach," said Katurakes. "People need help. These are women who need help to quit smoking and also need follow-up—one for thyroid and one for thickening in the mouth. So we're going to continue that type of pop-up oral screening and move it to two of the other shelters next year."

As the return to screening continues to ramp up—capacity can be a challenge, said Katurakes. "We've found that whether it's lung screening or breast screening—and somewhat for colonoscopy—there might be a delay in getting in and that delay can vary." This is despite the health system expanding hours to include evening and Saturday appointments. "People want to go where they're familiar, and they have a great trust of our healthcare system," said Katurakes. "So we want to accommodate them."

Given the apparent staying power of COVID-19, Katurakes adds that providers need to adjust community health outreach rather than shut it down: "You can continue to do the work you're doing; we just need to be mindful. We can't just stop living. We just have to follow protocol. We're going to have to learn how to live with the COVID in our community."

Perspective from Northern Michigan

Over the past 18 years Michigan has seen an overall downward trend in all-site cancer incidence.[18] Prostate cancer is the most commonly diagnosed cancer among Michigan men, and breast cancer is the most commonly diagnosed cancer in women. Lung cancer is the leading cause of cancer death in the state. State-wide cancer control priorities target breast, cervical, colorectal, and lung cancers due to the burden of these diseases in Michigan. In its 2020 report on cancer in Michigan, the state Department of Health and Human Services highlighted "identifying and eliminating disparities within the cancer care continuum" as a state-wide priority.[18] Data show disparities among diverse and marginalized Michigan populations in incidence and outcomes for colorectal, prostate, breast cancer, and lung cancers.[18]

Among U.S. states, Michigan ranks 20th for incidence and 15th for mortality for lung and bronchus cancer.[19] According to the most recent American Lung Association (ALA) State of Lung Cancer report, 8 percent of Michiganders at high risk for lung cancer (United States Preventive Services Task Force 2013 recommendation criteria) were screened, significantly higher than the national rate of 6 percent.[19] However, the ALA reports that smoking rates in the state are greater than the national rate of 15 percent, and the rate of lung cancer diagnosed at an early stage is lower than the national rate.[19] The population of Indigenous peoples (American Indians/Alaska Natives) in Michigan has the highest rate of new lung cancer cases, 110 per 100,000 population.[19] The ALA report notes that among Indigenous peoples in Michigan, 16 percent of lung cancers are diagnosed at an early stage, compared to the 23 percent early-stage diagnosis rate in the state's White population.[19]

COVID-19 Arrived Late in Northern Michigan

Michigan's two-peninsula geography is unique—southern Michigan includes the Detroit metro area (home to about half the state's population) and most of the state's larger cities, whereas northern Michigan is more sparsely populated and largely rural. Bordering on four of the five Great Lakes, Michigan is renowned for its inland lakes and unspoiled wilderness areas—most famously in the Upper Peninsula. Scenic areas of spectacular natural beauty and abundant recreational opportunities make northern Michigan a vacation and tourist mecca. Traverse City, located in lower northern Michigan, is home to Munson Healthcare, a relatively young healthcare system that serves a 30-county area. "Our population in the Grand Traverse region is about 200,000 and grows seasonally to 300,000," explained Kathleen LaRaia, executive director of Oncology Services, Munson Healthcare, "but during the summer it attracts over a million tourists annually." Munson Healthcare is a system of nine community hospitals located throughout northern Michigan.


Kathleen LaRaia

In response to the federal public health emergency, Michigan instituted COVID-19 safety protocols in March 2020. At that time, COVID-19 rates were surging in Detroit and some areas of the more populous southern part of the state; however, the pandemic was not yet affecting the Grand Traverse region and the more rural northern areas, LaRaia said. Munson Healthcare followed state protocols and was "very proactive," she said. "We stopped all of our elective surgeries, mammography screening, colonoscopies, low-dose CT scans." In short, all of the usual pathways to cancer screening in the health system were halted. At the end of May 2020 the area had not yet experienced a COVID-19 surge and cancer screening services were reopened, LaRaia said. Before Munson could resume mammography and other cancer screening services, however, appointment schedules had to be reconfigured to allow more time for cleaning and social distancing, staff workflows had to be adjusted as hours were extended, plexiglass had to be installed in the reception areas, and a COVID-19-screening procedure had to be implemented.

Prior to the March 2020 shut down of services, "We were diagnosing 8 to 12 patients [with breast cancer] a week," LaRaia explained. The cancer program holds a breast tumor conference every Tuesday at which new cases are presented to the multidisciplinary team. "Three to four weeks after we stopped our screening mammograms, there were no more patients for our tumor conference. We actually did not have a tumor conference for five weeks."

The cancer services at Munson health system are structured in a hub-and-spoke model. The flagship Cowell Family Cancer Center in Traverse City, opened in 2016, serves as the hub for eight oncology clinics throughout northern Michigan.

Comparing the one-year period July 2019 to June 2020 to the one-year period July 2020 to June 2021, Munson Healthcare breast cancer screening rates dropped 13 percent, LaRaia said.

In late fall 2020, the Traverse City area experienced its first COVID-19 surge. "During that first pandemic year, we had the highest volume of patients [with cancer] that we've ever served," LaRaia recalls. The capacity for patients to access care close to home was critical during this time. Michigan's two NCI-designated cancer centers are located in the southern area of the state, about a four-hour drive from northern Michigan. With the pandemic surging, patients were encouraged to receive their care close to home and were able to avoid disrupted care by continuing their treatment through Munson Healthcare's hub-and-spoke model of cancer programs.

COVID-19's Impact on Community Outreach

As in other areas of the country, COVID-19 surges during the past two years have led to the cancellation, postponement, or downsizing of planned community outreach and cancer screening events.

"In northern Michigan, we have the highest rate of young (i.e., diagnosed before age 50[21]) female breast cancer incidence in the state,"[21] LaRaia said. Leelanau County has the highest 5-year age-adjusted incidence rate of breast cancer in the state. Colorectal cancer diagnosed in those under age 50 is rising in Michigan and the U.S. overall. Grand Traverse County has the state's fourth highest age-adjusted incidence rate of "young" CRC.

The area is also seeing an uptick in young colorectal cancer incidence (i.e., diagnosed before age 50).[21] Community outreach education and screening promotion are priorities of the Munson Healthcare cancer program.

LaRaia had hoped to launch a consumer screening campaign in the summer of 2021, however, plans were modified due to a spike in COVID-19.

On Saturday, Oct. 30, 2021, the cancer center held a scaled-down version of its previous breast cancer screening blitz. "We did a similar event in 2019, and I believe we had almost 140 appointments scheduled that day," LaRaia said. For the event in October 2021, the health system held four-hour screening blocks at several Munson locations. Forty-five breast cancer screenings were scheduled, and "we were able to fill more screening appointments throughout the month and into November," she said. "Out of the 45, we had three call backs and one biopsy that was benign. That's still a high percentage rate for such a small number. That's why it's so important for us to get out there."

The pandemic also curtailed a long-planned colorectal cancer awareness campaign. "We had such a project scheduled," LaRaia said. "It was titled 'Rollin' with the Colon.' We had the inflatable colon coming that you would walk through as you came into the cancer center. We had a panel of physicians—a gastrointestinal physician, a colorectal surgeon, a medical and a radiation oncologist, and a genetic counselor ready to present to the community—it was scheduled for March 7, 2020, and we had to cancel." In the interim, the health system's multidisciplinary expert team of providers developed a standardized colon cancer screening guideline to support decision making for consumers and primary care providers in the community. The guideline, which is available on the health system's website, explains when a home test may be appropriate and when a sigmoidoscopy or colonoscopy may be needed. "It's guidance for the patient so that, if nothing else, they can start with a home test."

Through its website, Munson Healthcare offers online risk-assessment tools for prostate, lung, colorectal, and breast cancers. Consumers can use these to determine whether they are at high risk for the disease. Lung cancer screening information is easily accessed on the health system's website, which has an "Ask-a-Nurse" program with contact information so that individuals who want more information or who have questions but do not have a primary care provider have a place to turn.

Unfortunately, as budget dollars are earmarked to cover pandemic-associated costs, the budget for promotion of community outreach and cancer screening has felt the pinch, LaRaia said.

Weathering This Winter's Surge

When ACCCBuzz spoke with Kathleen LaRaia in late December 2021, the Traverse City region—like many areas around the United States—was in the midst of a spike in COVID-19-positive cases. In a message posted to the health system's website, Munson Healthcare Chief Executive Officer and President Ed Ness explained that the system was moving to pandemic response level red. "Moving to level red signals that we are prioritizing pandemic-related care and will be shifting resources to the highest areas of need," he said in his statement. At the same time, he encouraged people to "not delay necessary care or preventive screenings."

Although the health system saw more admissions than in its previous two surges, Kathleen LaRaia emphasized Munson's preparedness. "We have PPE [personal protective equipment]. We know how to treat patients with COVID-19, and we are providing monoclonal antibodies." LaRaia takes care to stress that the monoclonal antibody treatment for COVID-19, which is infused, is not administered in the cancer center infusion area. "We were not going to provide monoclonal antibody COVID treatment in our infusion clinics. We have been creative and found other areas for this so that people can come in, get their treatment, and not expose others."

Over the coming years, how likely is northern Michigan to see an increase in late-stage cancer cases as a result of the COVID-19 pandemic? LaRaia believes that—unfortunately—it is very likely. "We were already an at-risk community prior to the pandemic. We knew we needed to do more community outreach because of our high incidence rate, and so I can only imagine that this has compounded that."

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